

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/12/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155148		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 02/07/2013	
NAME OF PROVIDER OR SUPPLIER NORTH PARK NURSING CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 650 FAIRWAY DR EVANSVILLE, IN 47710			
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F0000	<p>This visit was for the Investigation of Complaint #IN00123081.</p> <p>This visit was in conjunction with the Recertification and State Licensure Survey completed on 02/07/13.</p> <p>Complaint #IN00123081: Substantiated. Federal/State deficiencies related to the allegations are cited at F282 and F315.</p> <p>Survey dates: January 28, 29, 30, 31, and February 1, 5, 6, 7, 2013</p> <p>Facility number: 000069 Provider number: 155148 AIM number: 100288980</p> <p>Survey team: Amy Wininger, RN TC Barb Fowler, RN Diane Hancock, RN</p> <p>Census bed type: SNF: 12 SNF/NF: 84 Total: 96</p> <p>Census payor type: Medicare: 22 Medicaid: 67 Other: 7</p>		F0000				

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>Total: 96</p> <p>Sample: 3</p> <p>These deficiencies also reflect state findings in accordance with 410 IAC 16.2.</p> <p>Quality review completed on February 14, 2013, by Jodi Meyer, RN</p>						

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F0282 SS=D	<p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN</p> <p>The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>Based on interview, and record review, the facility failed to ensure a resident with an indwelling urinary catheter received care according to the care plan, in that, 1 of 1 residents reviewed for having an indwelling urinary catheter, in a total sample of 3, did not have the catheter changed according to the plan of care. (Resident #B)</p> <p>Findings include:</p> <p>The clinical record of Resident #B was reviewed on 01/30/13 at 1:58 p.m.</p> <p>The Physician Admission Orders dated 08/09/12 included, but was not limited to, the following order "...change f/c [indwelling urinary catheter] q [every] month et [and] prn [as needed] occlusion..."</p> <p>The August 2012 TAR [Treatment Administration Record] lacked any documentation the catheter had been changed between 08/09/12 and 08/31/12.</p>		F0282	<p>F282 Services by qualified person/ per care plan</p> <p>1. Resident B discharged from facility on 1/17/13.</p> <p>1. All residents requiring the use of indwelling urinary catheter have the potential to be affected by the alleged deficient practice. An audit was completed of the identified resident's records to ensure that catheters had been changed and/or were scheduled to be changed in accordance to current physician order and plan of care. Nurses in serviced on 2/26/13 per SDC related to changing of catheters in accordance to physicians orders.</p> <p>3. Nurses in serviced on 2/26/13 per SDC related to changing of catheters in accordance to physicians' orders. Catheters will be maintained and changed per physicians' orders by DNS/designee monitoring the TAR. DNS/designee will monitor by reviewing physician orders to ensure catheters are changed per order. DNS/Designee will ensure catheter care will be included in the residents' comprehensive plan of care.</p>		03/09/2013	

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	<p>The September 2012 TAR lacked any documentation the catheter had been changed between 09/01/12 and 09/19/12. The TAR included handwritten notes "changed on 09/19/12" and "Change Foley cath [an indwelling urinary catheter] on 09/28/12 then q 6 weeks. due again Nov. 9, 2012." The date of Nov 9, 2012 had been crossed through and an undated, handwritten note above indicated, "Oct 31st 2012." (The time frame between catheter changes equaled 6 weeks.)</p> <p>A physician telephone order dated 09/19/12 indicated an order for "...change Foley catheter every 6 weeks..."</p> <p>The October 2012 TAR included, but was not limited to, an order for "Change Foley catheter every month and as needed occlusion." The entry included a handwritten note that indicated, "changed 09/19/12 and due nov. 9" The TAR lacked any documentation the catheter had been changed during October 2012.</p> <p>The November 2012 TAR included, but was not limited to, an order for "Change Foley catheter every month and as needed occlusion." The TAR</p>		<p>4. DNS /designee will complete catheter monitoring tool 5x week for 2 weeks, 3x week for 2 weeks, 2x week for 2 weeks, then weekly x 6 weeks and monthly for 3 months to ensure that catheters are changed according to physicians order. Failure to comply with guidelines will result in disciplinary action up to and including termination. Results of catheter monitoring tool will be monitored in QA for a minimum of 6 months, if a threshold of 95% is not met an action plan will be developed.</p> <p>5. Completion Date: March 9 th , 2013</p>				

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	<p>indicated the catheter had been changed on November 9, 2012 (The time frame between catheter changes equaled 7 weeks and 2 days)</p> <p>A Care Plan for indwelling catheter dated 10/29/12 included, but was not limited to, an intervention of, "...change catheter per MD order..."</p> <p>During an interview on 02/05/13 at 8:30 a.m. the DoN [Director of Nursing] indicated she could provide no documentation the catheter had been changed between 08/09/12 and 09/19/12 or between 09/28/12 and 11/09/12. She further indicated, at that time, it was standard practice for the facility to change the catheter according to the Physician's orders.</p> <p>This Federal tag relates to complaint IN00123081.</p> <p>3.1-35(g)(2)</p>						

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F0315 SS=D	<p>483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER</p> <p>Based on the resident's comprehensive assessment, the facility must ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible.</p> <p>Based on interview and record review, the facility failed to ensure a resident with an indwelling urinary catheter received services according to the Physician's order, in that, 1 of 1 residents reviewed for having an indwelling urinary catheter, in a sample of 3, did not have the catheter changed according to the Physician's order. (Resident #B)</p> <p>Findings include:</p> <p>The clinical record of Resident #B was reviewed on 01/30/13 at 1:58 p.m. The record indicated Resident #B was admitted on 08/09/12 with an indwelling urinary catheter.</p> <p>The Physician Admission Orders dated 08/09/12 included, but was not limited to, the following order</p>		F0315	<p>F315 No catheter, prevent UTI, restore bladder</p> <p>1. Resident B discharged from facility on 1/17/13.</p> <p>2. All residents requiring the use of indwelling urinary catheter have the potential to be affected by the alleged deficient practice. An audit was completed of the identified resident's records to ensure that catheters had been changed and/or were scheduled to be changed in accordance to current physician order and plan of care. Nurses in serviced on 2/26/13 per SDC related to changing of catheters in accordance to physicians orders.</p> <p>3. Nurses in serviced on 2/26/13 per SDC related to changing of catheters in accordance to physicians' orders. Catheters will be maintained and changed per physicians' orders by DNS/designee monitoring the TAR. DNS/designee will monitor</p>		03/09/2013	

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	<p>"...change f/c [indwelling urinary catheter] q [every] month et [and] prn [as needed] occlusion ..."</p> <p>The August 2012 TAR [Treatment Administration Record] lacked any documentation the catheter had been changed between 08/09/12 and 08/31/12.</p> <p>The September 2012 TAR lacked any documentation the catheter had been changed between 09/01/12 and 09/19/12. The TAR included handwritten notes "changed on 09/19/12" and "Change Foley cath [an indwelling urinary catheter] on 09/28/12 then q 6 weeks. due again Nov. 9, 2012." The date of Nov 9, 2012 had been crossed through and an undated, handwritten note above indicated, "Oct 31st 2012." (The time frame between catheter changes equaled 6 weeks.)</p> <p>A physician telephone order dated 09/19/12 indicated an order for "...change Foley catheter every 6 weeks..."</p> <p>The October 2012 TAR included, but was not limited to, an order for "Change Foley catheter every month and as needed occlusion." The entry included a handwritten note that</p>		<p>by reviewing physician orders to ensure catheters are changed per order. DNS/Designee will ensure catheter care will be included in the residents' comprehensive plan of care.</p> <p>4. DNS /designee will complete catheter monitoring tool 5x week for 2 weeks, 3x week for 2 weeks, 2x week for 2 weeks, then weekly x 6 weeks and monthly for 3 months to ensure that catheters are changed according to physicians order. Failure to comply with guidelines will result in disciplinary action up to and including termination. Results of catheter monitoring tool will be monitored in QA for a minimum of 6 months, if a threshold of 95% is not met an action plan will be developed.</p> <p>5. Completion Date: March 9 th , 2013</p>				

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